

(Rev.S/0-)

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

(1) *Deshaune D. Darling* *229896*  
(Name of Plaintiff) (Inmate Number)

*1181 Paddock Rd. Smyrna DE 19977*  
(Complete Address with zip code)

(2)  
(Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

VS

(1) *Thomas Carroll, Correctional Medical Service*  
(2) *David Pierce, Jane Doe, Administrator*  
(3) *McHaren, Director of Nursing Gail Eller*  
(Names of Defendants)

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

*007-683 GMS*  
(Case Number)  
(to be assigned by U.S. District Court)

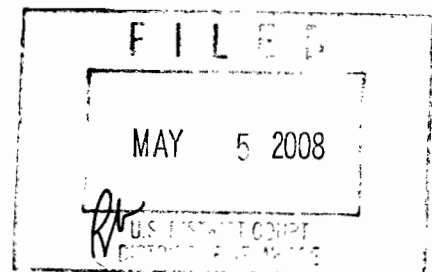
*Amended*  
**CIVIL COMPLAINT**

**Jury Trial Requested**

**I. PREVIOUS LAWSUITS**

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

*None*



**II. EXHAUSTION OF ADMINISTRATIVE REMEDIES**

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No
- C. If your answer to "B" is Yes:

1. What steps did you take? Filed numerous grievances the filing numbers are 109727, 111604, 117323, ... (more filed)

2. What was the result? No Resolution

- D. If your answer to "B" is No, explain why not:

**III. DEFENDANTS (in order listed on the caption)**

- (1) Name of first defendant: Jane Doe  
 Person to carry out consult.  
 Employed as at D.C.C. by C.M.I.S

Mailing address with zip code:  
 1181 Paddock Rd, Smyrna, DE 19977

- (2) Name of second defendant:  
 Assistant Health Service Administrator McKaren  
 Employed as at

Health Service Administrator, D.C.C. by C.M.I.S

Mailing address with zip code: 1181 Paddock Rd, Smyrna, DE 19977  
~~1201 College Park Drive Suite 101 Dover, DE 19904~~

- (3) Name of third defendant:

Gail Elker

Employed as at

Director of Nursing D.C.C. by C.M.I.S

Mailing address with zip code:

~~1201 College Park Drive Suite 101 Dover, DE 19904~~  
 1181 Paddock Rd, Smyrna DE 19977

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

#### IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. On/About April 20,2007 the plaintiff was seen by C.M.S Nurse Practitioner Ihoma at D.C.C for his fractured right hand. Ihoma wrote a consult for Plaintiff to be seen by an Orthopedic Surgeon to get Plaintiff's "FRACTURED HAND SET AND HARD CASTED." Jane Doe was Deliberately Indifferent by "Delaying" to carry out the cosult. Do to the "Delay" Plaintiff's "FRACTURED HAND WAS NEVER SET AND HARD CASTED."
2. On/About August 20,2007 Deputy Warden David Pierce forwarded a copy of Plaintiff's letter that was written to him asking for "HELP TO GET HIS HAND FIXED" to Assistant Health Service Administrator McLaren for him to "HELP" Plaintiff. Administrator McLaren was "Deliberate Indifferent and Malice" when he knowingly failed to respond to Plaintiff's "REQUEST FOR HELP.Because Plaintiff's hand was set and hard casted nor did Plaintiff receive Physical Therapy that was ordered by an Orthopedic Surgeon on 6/20/2007.
3. On/About September 17,2007 Deputy Warden David Pierce forwarded a copy of Plaintiff's letter that was written to him asking "AGAN FOR HELP TO GET HIS HAND FIXED" to Director of Nursing Eller for her action. Director Eller was "Deliberately Indifferent and Malice when she knowingly failed to "Respond to Plaintiff's REQUEST for HELP."On 6/25/2007 Eller was present at Plaintiff's Medical Grievance Hearing. Eller was a "Member of the Grievance Committee." Eller knew that Plaintiff's hand was never set and hard casted. The Grievance Committee "Recommended that the Plaintiff receive Physical Therapy." As of today Plaintiff has not received Physical Therapy nor any "Type of Treatment for his Serious Medical NEED."

#### V. **RELIEF**

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. Monatary compsorary damages, Nominal damages, and Punitive damages to be determined by Jury for pain and suffering, and ongoing Disability. All Medical expences Past, Present, and Future to be Paid for by Defendants including Transportation, Loss of Work Etc.Plaintiff to be given opportunity to have an "in state" Doctor of his choice to repair his hand if it can be repaired. Plaintiff recommends to be seen by Doctor Sowa an Orthopedic hand Speciallist at The Medical Arts Pavilion Newark, Delaware 19714.

2.

3.

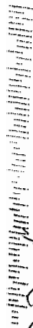
I declare under penalty of perjury that the foregoing is true and correct.

Signed this 23 day of April, 2008.

Deshaune D. Darling Jr.  
(Signature of Plaintiff 1)

\_\_\_\_\_  
(Signature of Plaintiff 2)

\_\_\_\_\_  
(Signature of Plaintiff 3)



UNIT: Deshaune D. Dastiny  
SBI# 229896 UNIT V  
DELAWARE CORRECTIONAL CENTER  
1181 PADDOCK ROAD  
SMYRNA, DELAWARE 19977



Legal Mail



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